EXHIBIT C

	PROOF OF CLAIM		10.05 Pa	ye 2 01 11
Name of Debtor	Case Number		•	
USA Commercial Mortgage Company	06-10725-LBR			
NOTE See Reverse for List of Debtors and Case Numbers	<u> </u>	No		1
This form should not be used to make a claim for an administrative explansing after the commencement of the case. A "request" for payment of		Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U S C § 503	JI all	filed a proof of claim relating to your claim. Attach copy of		Y OWED MONEY BY A BORROWER B BEING SERVICED BY THE
Name of Creditor and Address		statement giving particulars	DEBTORS YOU	DO <u>NOT</u> HAVE TO FILE A PROOF
11321242033456	6	Check box if you have		INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT
ADAMS, KAREN 15026 STARBUCK STREET		never received any notices from the bankruptcy court or	DO NOT EILE TH	IIS PROOF OF CLAIM FOR A
WHITTIER CA 90603		BMC Group in this case	SECURED INTE	REST IN A BORROWER THAT IS NOT
		Check box if this address	ONE OF THE DE	BTORS ready filed a proof of claim with the
	i	differs from the address on the envelope sent to you by the	Bankruptcy Court	or BMC you do not need to file again
Creditor Telephone Number 1014 456 6113		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	debtor	Check here replace	a crownels	y filed claim dated
Dras LBR		if this claim amen		A med craim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages s	alaries, and compensation (fill out below)	Other claims against servicer
Services performed Taxes		digits of your SS #		(not for loan balances)
Money loaned Other (describe briefly) and interest Tor Brandy Comy		ompensation for services per		
2 DATE DEBT WAS INCURRED A A C 2006		DURT JUDGMENT, DATE O		(date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				the time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your dairn or b)	vour claim	Check this box if yo	our daim is secu	red by collateral (including
exceeds the value of the property securing it or if c) none of only part of you entitled to priority	our claim is	a nght of setoff)		
UNSECURED PRIORITY CLAIM		Bnef description of	_	_
Check this box if you have an unsecured claim all or part of which is		Real Estate	☐ Motor Vehicle	Other
entitled to priority		Value of Collateral	\$ con	Known
Amount entitled to priority		Amount of arrearage ar secured claim, if any		at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)				
Wages salaries or commissions (up to \$10 000)* earned within 180 days	<u> </u>	Up to \$2 225* of deposits toward services for personal family of	r household use	or rental of property or 11 U.S.C. § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go	vernmental units	11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable part	- •	•
· \		* Amounts are subject to adjust with respect to cases commen		
	50,	000 \$ ins	nous	\$ 53,900.08
(unsecured)	(s	ecured)+11701n+e	(Denty)	(Total)
Check this box if claim includes interest or other charges in addition to the	• •			
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS. Attach copies of supporting docu-				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu</u> running accounts, contracts, court judgments mortgages, security a	<i>i<u>ments,</u> su</i> agreements	ch as promissory notes, purd and evidence of perfection	hase orders inv often DO NO	roices, itemized statements of T SEND ORIGINAL
DOCUMENTS If the documents are not available explain. If the d	locuments	are voluminous, attach a sur	mmary	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim enclose a stamped	d self-addressed	d envelope and copy of this
The original of this completed proof of claim form must be sent	by mail o	r hand delivered (FAXES N	OT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm.	, prevailin	p Pacific time, on November	er 13. 2006	USE ONLY
for each person or entity (including individuals, partnerships, c governmental units)	-	•		
BY MAIL TO BMC Group	BY HAND (BMC Grou	OR OVERNIGHT DELIVERY TO up	•	FILED NOV 0 7 2006
Attn USACM Claims Docketing Center P O Box 911		CM Claims Docketing Cente Franklin Avenue	r	
El Segundo CA 90245-0911	El Segund	lo CA 90245		USA CMC
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attom	e creditor or	other person authorized to file		
11/3/06 Was 2 60	.uy nany)			
1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /				

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PR	OOF OF CLAIM		
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY BUNDY CANYON \$ 7,500,000	Case No 06-1	umber 20725 (LBR)		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative arising after the commencement of the case. A request" for payme administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor and Address		Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of		
BROADWALK INVESTMENTS LIMITED PARTHE 8635 WEST SAHARA AVENUE	rsmp	statement giving particulars Check box if you have never received any notices from the bank uptcy court or BMC Group in this case		S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS
PMB 220 LNS VEGAS, NEVADA 89117 ATTENTION: JAMES R. BONFIGLIO Creditor Telephone Number (HB) 991-2677		Check box if this address differs from the address on the envelope sent to you by the court	ONE OF THE DEB If you have alre Bankruptcy Court of	
Last four digits of account or other number by which creditor identification of the count 10:6637 CLIENT 10:5926		Check here replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death Taxes Money loaned Other (describe briefly)	Wages Last fou	benefits as defined in 11 U S salaries and compensation (f ir digits of your SS # compensation for services per	fill out below)	Unremitted principal Other claims against ser (not for loan balances) to
2 DATE DEBT WAS INCURRED 7/29/05	3 IF C	COURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes See reverse side for important explanations	that best desc	ribe your claim and state the amoi	unt of the claim at th	e time case filed
UNSECURE D NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or exceeds the value of the property securing it or if c) none or only part of entitled to priority		11 5 50		ed by collateral (including
UNSECURED PRIORITY CLAIM		Real Estate		Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	s 6,700,0	000
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage ar secured claim if any		at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(I) Wages salaries or commissions (up to \$10 000)* earned within 180 d before filing of the bankruptcy petition or cessation of the debtors business whichever is earlier 11 U S C § 507(a)(4)	·	Up to \$2 225* of deposits towa services for personal family of Taxes or penalties owed to go Other Specify applicable part	or household use 11 vernmental units 1	USC § 507(á)(7) 1 USC § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjust with respect to cases commen		
L ALIMELANCEICU	\$ 50,000			\$
(unsecured) Check this box if claim includes interest or other charges in addition		(secured) If amount of the claim Attach ite	(priority) mized statement of	(Total) all interest or additional charge
6 CREDITS The amount of all payments on this claim has been 7 SUPPORTING DOCUMENTS Attach copies of supporting of running accounts contracts court judgments mortgages secur DOCUMENTS If the documents are not available explain. If the 8 DATE-STAMPED COPY To receive an acknowledgment of proof of claim	documents. Ity agreemer he document	such as promissory notes pure its and e√idence of perfection s are voluminous attach a sur	chase orders invo of lien DO NO mmary	oices itemized statements of SEND ORIGINAL
The original of this completed proof of claim form must be ACCEPTED) so that it is actually received on or before 5 00 for each person or entity (including individuals, partnership governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center	pm, prevaili es, corporati BY HANI BMC Gr Attn US	ing Pacific time, on Novembons joint ventures, trusts at DOR OVERNIGHT DELIVERY TO OUT CALLINGS Center Courts Docketing Center Courts and Chairns Docketing Center Courts are controlled to the Court Chairns Docketing Center Courts are controlled to the Courts are controlled to	er 13, 2006 nd)	THIS SPACE FOR COUR USE ONLY
P O Box 911 El Segundo CA 90245 0945	El Segu	ist Franklin Avenue indo CA 90245 or other person authorized to file	FILED	JAN 0 4 2007
DATE SIGN and print the name and title if any this class attach copy of power of the state of th	omes R k	PONTIBLIO, 6P	<u></u>	1072501851

Case 06-10725-gwz <u>Doc 872</u>	26-3 F	ntered 07/26/11 14	18:05 Ра г	ge 4 of 11
	PRO	OF OF CLAIM	u	g - · · ·
Name of Debtor	Case Nu			
USA Commercial Mortgage Company	06-107	25-LBR		
2 Control of Dahlers and Cons Numbers	1			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative ex	xpense	Check box if you are aware that anyone else has		Y OWED MONEY BY A BORROWER
arising after the commencement of the case A "request" for paymen administrative expense may be filed pursuant to 11 U S C § 503	it Of all	filed a proof of claim relating to your claim Attach copy of	WHOSE LOAN IS	BEING SERVICED BY THE
Name of Creditor and Address	764	statement giving particulars	OF CLAIM THIS	O <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOUNT
113212420397 ZRUDSKY, COLLEEN	וֹס׳וּ	Check box if you have never received any notices		
106 E VICTORIAN AVENUE #35		from the bankruptcy court or BMC Group in this case	SECURED INTER	IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT
SPARKS NV 89431		Check box if this address	ONE OF THE DEI	BTORS Beady filed a proof of claim with the
		differs from the address on the envelope sent to you by the	Bankruptcy Court	or BMC you do not need to file again E IS FOR COURT USE ONLY
Creditor Telephone Number (775 331-372 2	a dabta-	court		
Last four digits of account or other number by which creditor identifie	s Gedior	Check here repla	_r a previousiy	filed claim dated
6920	Retires	benefits as defined in 11 U S		Unremitted principal
1 BASIS FOR CLAIM		salaries, and compensation		Other claims against servicer (not for loan balances)
Services performed Taxes	Last fou	ır dıgıts of your SS#		
Money loaned	Unpaid	compensation for services pe	erformed from	to (date) (date)
2 DATE DEBT WAS INCURRED 8-17-05	3 IF (COURT JUDGMENT, DATE	OBTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes	that best desc		ount of the claim at	the time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM Check this box if	your claim is secu	ired by collateral (including
Check this box if a) there is no collateral or lien securing your claim or exceeds the value of the property securing it, or if c) none or only part of	b) your claim	a right of setoff)		
entitled to priority		Dilei describion (ο Π Other
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is		X Real Estate	∐ Motor Venici	e ☐ Other
entitled to priority				s at time case filed included in
Amount entitled to priority \$ Specify the priority of the claim		secured claim, if any	\$ 3,762	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(l)		Up to \$2 225* of deposits to services for personal family	ward purchase leas	se or rental of property or -11 U.S.C. § 507(a)(7)
Wages salaries or commissions (up to \$10 000)* earned within 180 of before filing of the bankruptcy petition or cessation of the debtor's	days [Taxes or penalties owed to	governmental units	- 11 U S C § 507(a)(8)
business whichever is earlier - 11 U S C § 507(a)(4)	Ī	Other Specify applicable p	aragraph of 11 U S	C § 507(a) ()
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to ad with respect to cases comm	justment on 4/1/07 t enced on or after th	
5 TOTAL AMOUNT OF CLAIM \$	\$ <u>53</u>	,762.00 \$	(prombA	\$ <u>53,762.</u> (Total)
AT TIME CASE FILED (unsecured) Check this box if claim includes interest or other charges in addition	to the princip	(secured) all amount of the claim Attach	(priority) itemized statement	
Check this box if claim includes interest or other charges in audition 6 CREDITS The amount of all payments on this claim has been	credited and	d deducted for the purpose of	f making this proc	f of claim
running accounts contracts, court judgments, mortgages secu	the documer	nts, and evidence of portoca nts are voluminous, attach a	summary	
8 DATE-STAMPED COPY To receive an acknowledgment of	of the filing o	of your claim, enclose a stam	ped self-address	ed envelope and copy of this
proof of claim	sent by ma	al or hand delivered (FAXES	NOT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 for each person or entity (including individuals, partnership	u Dill. Uleva	iniu raciiic tiilic, on noto.	,	USE ONLY
governmental units)	BY HA	ND OR OVERNIGHT DELIVERY		Folked Dorte
BY MAIL TO BMC Group Attn USACM Claims Docketing Center	BMC C Attn U	Broup ISACM Claims Docketing Ce		9/29/2006
P O Box 911	1330 E	East Franklin Avenue jundo, CA 90245		
DATE SIGN and print the name and title if any this claim (attach copy of power of	of the credito	or or other person authorized to fi	le _	USA CMC
9-27-06 C. Zrudsky, Inc. de		Ican S. Fradels	1. Preside	1072500293

Form B10 (Official Form 10)(10/05)				
United States Bankruptcy Court District of Nevada				
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY	Case Number		PROC	OF OF CLAIM
NOTE This form should not be used to make a claim for an admi	mistrative expense aris	ing after the commencement of the		
case. A "request" for payment of an administrative expense may Name of Creditor (The person or other entity to whom the			-	
debtor owes money or property)		of you are aware that anyone ed a proof of claim relating to	E-FILED:	
CHARLES DUKE and APRIL M CUMMINS		Attach copy of statement		
Name & address where notices should be sent		if you have never received any		
DAVID A COLVIN, ESQ		m the bankruptcy court in this		
Marquis & Aurbach	case			
10001 Park Run Drive		if the address differs from the	1	
Las Vegas, NV 89145	3	the envelope sent to you by the		
Telephone number (702) 382-0711	court		THIS SPACE	IS FOR COURT USE ONLY
Account or other number by which creditor identifies debtor		replaces		
3147/BUNDYCANYON	if this claim	amends a previously filed claim, di	ated	
1 BASIS FOR CLAIM	☐ Retures her	efits as defined in 11 USC § 1114(
☐ Goods sold	☐ Wages, sala	aries, and compensation (fill out belo	a) w) '	
☐ Services performed		t four digits of your SS #	")	
☑ Money loaned	Unj	paid compensation for services perfo	rmed	
Personal injury/wrongful death	_			
Taxes	fro	mto		
Other Date debt was incurred		(date) (date)		
9/28/05		3 If court judgment, date obtain	nea	
Classification of Claim Check the appropriate box or b See reverse side for important explanations	oxes that best describ	be your claim and state the amount of	the claim at the tir	ne case filed
Unsecured Nonpriority Claim \$		Secured Claim		
☐ Check this box if a) there is no collateral or lien securing	g your claim, or b)	Check this box if your claim is	secured by collater	al (including
your claim exceeds the value of the property securing it, or if		a right of setoff)		
part of your claim is entitled to priority		Perof degeneration of cut	1.41	
Unsecured Priority Claim		Brief description of col		
Check thus box if you have an unsecured claim, all or pa entitled to priority	art of which is	•	Motor Vehicle	Other
Chance to priority		Value of collateral \$ <u>U</u>	nknown	
Amount entitled to priority \$	Amount of arrearage and other charges at time case filed included in secured claim if any \$100,000 00**			
Specify the priority of the claim	☐ Up to \$2,225* of deposits toward purchase, lease or rental of proper or services for personal, family or household use- 11 U S C § 507(a)(7)			ase or rental of property
☐ Domestic support obligations under 11 U S C § 507((a)(1)(A) or	or services for personal, family of	or household use-	11 U S C § 507(a)(7)
(a)(1)(B)	(4)(1)(/1) (/	☐ Taxes or penalties owed to g	overnmental units	s 11 TLS C 8 507(a)(8)
Wagge colones or commissions (v. to \$10,000) to				
Wages, salaries, or commissions (up to \$10,000),* eadays before filing of the bankruptcy petition or cessation	of the debtor's	Other-Specify applicable pa	ragraph of 11 U S	C § 507(a)()
business, whichever is earlier - 11 USC § 507(a)(4)		*Amounts are subject to adjustment	on 4/1/07 and every	three years thereafter with
Contribute of the Contribute o		respect to cases commenced on or af	ter the date of adjust	ment
Contributions to an employee benefit plan - 11 U S C Total Amount of Claim at Time Case Filed		#140 pgg 2011	_	
3 Your Amount of Claim at Time Case Filed	\$(unsecured)	\$ <u>100,000 00**</u>	\$	\$ <u>100,000 00**</u>
Check this box if claim includes interest or other cha		(secured) he principle amount of the claim	(priority) Attach itemized st	(total) atement of all interest or
additional charges 6 Credits The amount of all payments on this claim has	hoon anadstad and a	1-1-4-16-11		
making this proof of claim			THIS SPACE IS	FOR COURT USE ONLY
7 Supporting documents Attach copies of supporting of	documents, such as a	promissory notes purchase		
orders, invoices, itemized statements of running accounts.	contracts, court and	gments, mortgages, security	FILED NO	OV 0 9 2006
agreements, and evidence of perfection of hen DO NOT	SEND ORIGINAL	DOCUMENTS If the	a geland Codes code	1.0-200
documents are not available, explain If the documents ar 8 Date-Stamped copy To receive an acknowledgment of	e voluminous, attacl	h a summary		
addressed envelope and a copy of this proof of claim	or the ming/or your	ciaim, enciose a stamped, self-	US	SA CMC
Date Sign and print the name and titled if any of the creditor or other person authorized to file			[]	
this claim (attach copy of power of attorney, if any)			2500782	
11-8-06		h F-:		
Penalty for presenting fraudulent claim Fine	David A Co	IVIN Esq	th 10 TYGG 90 :	FO 8 2501
**Together with setement that a set was t	or ab to ason'one ot	imprisonment for up to 5 years, or bo	ını 19 ∩2C §§ J	32 & 3571

^{**}Together with interest that continues to accrue

and the service of the service

		PRO	OF OF CLAIM		
		Case Nu	mhor	!	
Name of Debtor		Case Nu	mbei		
USA Commerce		06-1	10725-LBR		
This form should not be used	t of Debtors and Case Numbers If to make a claim for an administrative		Check box if you are		
	nent of the case A "request" for payn be filed pursuant to 11 U.S.C. § 503	nent of an	aware that anyone else has filed a proof of claim relating to	i I	
Name of Creditor and	l Address		your claim Attach copy of statement giving particulars	1	
	GAlloway ACKHAWK St #122 COSO112-4355	08	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court.	SECURED INTERI ONE OF THE DEE If you have aire Bankruptcy Court	ady filed a proof of claim with the or BMC you do not need to file again
	() 7(00-9/7 - 36 9/ r other number by which creditor ident	lifies debtor			E IS FOR COURT USE ONLY
Last four orgins of account or	r other number by which creditor ident	alles deptor	Check here replace of this claim amen	 a previously 	filed claim dated
1 BASIS FOR CLAIM	[7]	Retiree	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Services performed	Personal injury/wrongful death Taxes		salaries and compensation (fill out below)	Other claims against service (not for loan balances)
Money loaned	,		r digits of your SS# compensation for services pe	rformed from	to
	Other (describe briefly) Silve PHACKES		oomponiouson to out those po	-	(date) (date)
2 DATE DEBT WAS INCUI	RRED LAIM Check the appropriate box or box		OURT JUDGMENT, DATE C		to time cose filed
See reverse side for importar		es man dest desci		ount of the claim at ti	ie title casé liled
UNSECURED NONPRIOR	<i></i>	-	SECURED CLAIM Check this box if you	our claim is secur	ed by collateral (including
exceeds the value of the p	is no collateral or lien securing your claim property securing it, or if c) none or only pai		a nght of setoff)		
entitled to priority UNSECURED PRIORITY C	· AIM		Brief description of	_	
Check this box if you have	e an unsecured claim all or part of which is	i	Real Estate	_	·
entitled to priority Amount entitled to priority	•		Value of Collateral		CNOWN
Specify the priority of the	· —————		secured claim if any	nd other charges	at time case filed included in
i	ons under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225° of deposits tow	ard purchase lease	or rental of property or
	nissions (up to \$10 000) earned within 18th ptcy petition or cassation of the debtor's	D days	services for personal family of	or household use -1	1 U S C § 507(a)(7)
	riler 11 USC § 507(a)(4)	Ĺ	Taxes or penalties owed to go Other Specify applicable par		• • • • • • • • • • • • • • • • • • • •
Contributions to an emplo	yee benefit plan 11 USC § 507(a)(5)	-	Amounts are subject to adju	istment on 4/1/07 an	nd every 3 years thereafter
5 TOTAL AMOUNT OF CL	AIM \$ 91.948.	\$ 91.9	with respect to cases comme	nced on or after the	\$ 91,948
AT TIME CASE FILED	(unsecured)	- + - - 27 ((secured)	(pnority)	(Total)
Check this box if claim ind	cludes interest or other charges in additio	on to the principa	amount of the claim. Attach ite	emized statement o	f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary					
8 DATE-STAMPED CO proof of claim	<u> </u>		•	•	envelope and copy of this
ACCEPTED) so that it i	mpleted proof of claim form must b is actually received on or before 5 (ity (Including Individuals, partnersh	00 pm, prevaili	ng Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
BMC Group		BMC Gr			
Attn USACM Claims Do P O Box 911	ocketing Center		ACM Claims Docketing Cente st Franklin Avenue		Land a socr
El Segundo CA 90245-		El Segur	ndo CA 90245	FILE	JAN 1 8 20C;
DATE	SIGN and print the name and title if an this claim (attach copy of power of				USA CMC
1-12-07	Court Allson	ERVEN	TNELSON, AT	TORNEY	1072502310

	888 9090	laa			
Case	06-10725 gwz. (1846)67		OF OF CLAIM	18:05 Pa	ge 8 of 11
Name of Debtor		Case Nu	mber		
ansing after the commencemer	Debtors and Case Numbers o make a claim for an administrative nt of the case A "request" for payme filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating		
Name of Creditor and A			to your claim Attach copy of statement giving particulars		
	11321241000	0522	Check box if you have		
	Y TRUST DATED 6/16/00 GATES & MILDRED ANN GATES T N VIEW AVE	TRUSTEES	never received any notices from the bankruptcy court or BMC Group in this case		IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
ENCINITAS CA			Check box if this address differs from the address on the		ETORS ready filed a proof of claim with the t or BMC, you do not need to file again
Creditor Telephone Number (760 942 2604	•	envelope sent to you by the court		CE IS FOR COURT USE ONLY
	her number by which creditor identifi		Check here replace	ces	
			if this claim amen		y filed claim dated
1 BASIS FOR CLAIM		Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Services performed	Personal injury/wrongful death Taxes		salaries, and compensation (i	fill out below)	Other claims against services (not for loan balances)
Money loaned	Other (describe briefly)		compensation for services per	rformed from	to
A DATE DEDT WAS INCUED.		اه احد	OUDT HIDOMENIT DATE O	STAINES	(date) (date)
2 DATE DEBT WAS INCURRI	ED % 17 05 M Check the appropriate box or boxes		OURT JUDGMENT, DATE On the your claim and state the amount of the court of the cour		the time case filed
See reverse side for important ex	xplanations		SEQURED CLAIM		
UNSECURED NONPRIORITY Check this box if a) there is n	CLAIM \$	r h) vous claim	/	our claim is secu	red by collateral (including
exceeds the value of the prop	erty securing it or if c) none or only part		a right of setoff)		
entitled to priority UNSECURED PRIORITY CLA	IM		Brief description of	_	
Check this box if you have an entitled to priority	unsecured claim all or part of which is		Real Estate Value of Collateral	Motor Vehicle	Other
Amount entitled to priority	\$				at time case filed included in
Specify the priority of the claim		·m\	secured claim, if any		
Wages salaries or commission	under 11 U S C § 507(a)(1)(A) or (a)(1)(ons (up to \$10 000)* earned within 180 or	` ' -	Up to \$2 225* of deposits towa services for personal family o	r household use -	11 USC § 507(a)(7)
business whichever is earlier	r petition or cessation of the debtor's - 11 U S C § 507(a)(4)	<u>_</u>	Taxes or penalties owed to go Other - Specify applicable para		
Contributions to an employee	benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjus with respect to cases commen	stment on 4/1/07 a	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIN AT TIME CASE FILED	A \$	\$ 52,5	,00,00 \$		\$ 52 500 00.
	(unsecured)		secured)	(priority)	(Total)
	es interest or other charges in addition				
7 SUPPORTING DOCUME running accounts, contracts	all payments on this claim has been ENTS <u>Attach copies of supporting continued in the cont</u>	<i>documents</i> , sunty agreement	uch as promissory notes pure s and evidence of perfection	chase orders, inv	voices, itemized statements of
1	ments are not available, explain If the To receive an acknowledgment of			•	d envelope and copy of this
ACCEPTED) so that it is a for each person or entity (eted proof of claim form must be a ctually received on or before 5 00 (including individuals, partnership	pm, prevailin	ig Pacific time, on Novembe	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC Group			OR OVERNIGHT DELIVERY TO)	
Attn USACM Claims Docke	eting Center		CM Claims Docketing Cente	r	
P O Box 911 El Segundo, CA 90245-091	1		t Franklin Avenue do CA 90245		FILED SEP 28 2006
	GN and print the name and title if any this claim (attach copy of power of a	of the creditor of			
92106	Deen I In	to			USA CMC

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

USA CMC 1072500336

			1		
Name of Debtor		Case Nu	Case Number		
USA Commo	ercial Mortgage Co	06.	- 10725LBR		
This form should not be used arising after the commencem	of Debtors and Case Numbers. I to make a claim for an administrative exent of the case. A "request" for payment be filed pursuant to 11 U.S.C. § 503	•	Check box if you are aware that anyone else has filed a proof of claim retaing to your claim. Attach copy of		
Name of Creditor and	كالمستناسية		statement giving particulars.		
2530 GREAT	ISCO CA 94116-2613	01	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court.	SECURED INTE ONE OF THE DE if you have all Bankruptcy Cour	HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT ISTORS. THE STORE A PROOF OF Claim with the t or BMC you do not need to file again. E IS FOR COURT USE ONLY
Last four digits of account or	other number by which creditor identifies	s debtor	Check here replace or if this claim amen	a previous	y filed claim dated
1 BASIS FOR CLAIM		Retiree	benefits as defined in 11 U S		Unvernitted principal
Goode sold	Personal injury/wrongful death		salaries, and compensation (Other claims against servicer
Services performed	Taxes		r digits of your SS #		(not for loan balances)
Money loaned	Other (describe briefly)	Unpaid o	compensation for services per	rformed from	to
		10 50	OURT JUDGMENT, DATE O	ATANER .	(date) (date)
2. DATE DEBT WAS INCUR	IRED: 12/30/05 AMM. Check the appropriate box or boxes th				the time case filed.
See reverse side for important	t explanations		SECURED CLAIM		
UNSECURED NONPRIORIT	TY CLAIM \$ 12,875,63 s no collateral or lien securing your claim, or t			our claim is secu	red by colleteral (including
	s no collateral or lien securing your claim, or it roperty securing it, or if c) none or only part of :		a right of setoff)		
entitled to priority			Brief description of	collateral	
UNSECURED PRIORITY CL			Real Estate	Motor Vehicle	Other
entitled to priority	an unsecured claim all or part of which is		Value of Collateral	\$ 50	,008.
Amount entitled to priority	\$ or reconstruct orbitalings, accounter reconstructed in the new		Amount of arrearage ar	nd other charges	at time case filed included in
Specify the priority of the cl			secured claim, if any	30,00	
	ns under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	finan	Up to \$2,225° of deposits tows services for personal, family of		
before filing of the bankrup	esions (up to \$10,000)", semed within 180 day toy petition or cessation of the debtor's ter - 11 U.S.C \$507(a)(4)	" <u> </u>	Taxes or penalties owed to go		
	ree benefit plan - 11 U.S.C. § 507(a)(5)		Other - Specify applicable para		• • • • • • • • • • • • • • • • • • • •
			* Amounts are subject to adjust with respect to cesses commen		
5. TOTAL AMOUNT OF CLA AT TIME CASE FILED	\ \(\(\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		00 \$		\$ 62,875.03
	(unsecured) iudes interest or other charges in addition to	,	secured) amount of the claim. Attach de	(prionty) mized statement ((Total) of all interest or additional charges
	_				
6 CREDITS* The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7 SUPPORTING DOCUMENTS. <u>Attach copies of supporting documents</u> , such as promiseory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available explain. If the documents are voluminous, attach a summary					
8 DATE-STAMPED COP proof of claim	Y To receive an acknowledgment of t	the filing of y	your claim enclose a stamped	d, self-addresse	d envelope and copy of this
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on Novellist 13, 2000 FILED JAIN 02.2007 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)					
BY MAIL TO- BMC Group		BMC Gro	OR OVERMIGHT DELIVERY TO UP	-	
Attn USACM Claims Dod	keting Center	Attn USA	AČM Claims Docketing Cente		USA CMC
P O Box 911 El Segundo, CA 90245-09	911		t Franklin Avenue do, CA 90245]]]]]]]]]]]]]]]]]]
DATE	SIGN and print the name and title, if any of	the creditor o			1072501834
12/21/21	this claim (attach copy of power of attach PALLED COPIE	omey if any)	—	0-1	+.
100/06	IMY THAT		margaret	H Grat	
Penalty for presenting fraudulent	cleim is a the of up to \$500,000 on imprisong	pent for up to	5 years, or both 18 U S C. \$5	152 AND 3575	L Page 1 of 4
	The second secon				, 90

THE EXCLUSION OF ANY ASSESSMENT OF THE PROPERTY OF THE PROPERT	PRO	OF OF CLAIM	1.05 Page	-10-0 -11	
Name of Debtor	Case Number		1		
USA Commercial Mortgage Company	06-107	725-LBR			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment	pense of an	Check box if you are aware that anyone else has			
Name of Creditor and Address Color Color	73	filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the	WHOSE LOAN IS DEBTORS YOU D OF CLAIM THIS BORROWER HEL DO NOT FILE THI SECURED INTER ONE OF THE DEE If you have alre	eady filed a proof of claim with the	OF AT UNT B NOT
Creditor Telephone Number ()		envelope sent to you by the court		or BMC you do not need to file as	-
Last four digits of account or other number by which creditor identifies	debtor	Check here replace	ces a previousiy	filed claim dated	
1 BASIS FOR CLAIM	Retiree h	enefits as defined in 11 U S		Unremitted principal	—
Goods sold Personal injury/wrongful death Services performed Taxes Money loaned Other (describe briefly)	Wages s Last four	salaries and compensation (f digits of your SS # compensation for services per	fill out below)	Other claims against ser (not for loan balances)	rvice
				(date) (date)	_
2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes tha		OURT JUDGMENT, DATE O			
See reverse side for important explanations	it best descri		unt of the claim at th	ne time case filed	
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your entitled to priority	your claim our claim is	a right of setoff)		red by collateral (including	
UNSECURED PRIORITY CLAIM		Brief description of		_	
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate Value of Collateral	Motor Vehicle \$	U Other	
Amount entitled to priority \$		Amount of arrearage an	d other charges	at time case filed included in	
Specify the priority of the claim		secured claim, if any	B		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Up to \$2 225* of deposits towa services for personal family or Taxes or penalties owed to gov	r household use 11 /ernmental units - 1	1 U S C § 507(a)(7) 1 U S C § 507(a)(8)	
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		Other - Specify applicable para * Amounts are subject to adjust with respect to cases commend	tment on 4/1/07 and	d every 3 years thereafter	
5 TOTAL AMOUNT OF CLAIM \$ \$	250,00		ced on or alter the d	\$	 =
AT TIME CASE FILED (unsecured) Check this box if claim includes interest or other charges in addition to the	•	ecured)	(pnonty)	(Total)	
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting documents are not available explain. If the documents are not available explain.	dited and de iments, such agreements locuments a	educted for the purpose of mach as promissory notes purch and evidence of perfection are voluminous attach a sum	aking this proof or hase orders invo of lien DO NOT nmary	of claim Dices itemized statements of SEND ORIGINAL	
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, c governmental units)	. prevailing	Pacific time, on November	r 13 2006	THIS SPACE FOR COUR'	T
BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911	Attn USAC 1330 East	M Claims Docketing Center Franklin Avenue		FILED OCT 13 20)06
El Segundo CA 90245-0911 DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorn) A T A A A A A A A A A A A A A A A A A	e creditor or	o, CA 90245 other person authonzed to file		USA CMC	

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571

S C. SHOUTEN STATES DANKENINTON CONINT		
P DISTRICT OF NEVADA	PROOF OF CLAIM	
	e Number	
USA Com Martgage Co		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense	Check box if you are	
arising after the commencement of the case A "request for payment of an	aware that anyone else has	
ladministrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address	filed a proof of claim relating to your claim. Attach copy of statement giving particulars	
Traine of Oreutor and Address		
LARSON, GARYN Dolores 544 Rolling Nulls Dr Mesquele NU 89027	Check box if you have never received any notices from the bankruptcy court or	DO NOT FILE THIS PROOF OF CLAIM FOR A
544 Rolling Beer T.	BMC Group in this case	SECURED INTEREST IN A BORROWER THAT IS NO ONE OF THE DEBTORS
Mesquete NU 89021	Check box if this address differs from the address on the envelope sent to you by the	If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number (7)62 345 2393	court	THIS SPACE IS FOR COURT USE ONLY
Bundy Canyon / Cherry 4034	Check here replace of this claim amen	a previously filed claim dated
A DAGIO FOR OLUM	ree benefits as defined in 11 U S	
Goods cold Personal injury/wrongful death Was	ges salaries and compensation (
Services performed Taxes Las	t four digits of your SS #	(not for loan balances)
Money loaned Other (describe briefly Unp	paid compensation for services per	
	IF COURT JUDGMENT, DATE O	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best		
See reverse side for important explanations	SECURED CLAIM	
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) your claim.	check this box if yo	our claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your clair entitled to priority	ım ıs a right of setoff)	
UNSECURED PRIORITY CLAIM	Brief description of	
Check this box if you have an unsecured claim all or part of which is	Real Estate	Motor Vehicle Other
entitled to priority Amount entitled to priority \$	Value of Collateral	\$
Specify the priority of the claim	Amount of arrearage ar secured claim if any	d other charges <u>at time case filed</u> included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225 of deposits toward	rd purchase lease or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days	services for personal family o	r household use 11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)		vernmental units 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		graph of 11 U S C § 507(a) () trient on 4/1/07 and every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ V \$ 176	with respect to cases commen	ced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$ 700 AT TIME CASE FILED (unsecured)), %66 oc \$	\$ 70,866,00
Check this box if claim includes interest or other charges in addition to the principle.	, , , ,	(priority) (Total) nized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited a	and deducted for the purpose of m	aking this proof of claim
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts court judgments mortgages security agreer	s, such as promissory notes purc ments and evidence of perfection	hase orders invoices itemized statements of of lien DO NOT SEND ORIGINAL
DOCUMENTS If the documents are not available explain. If the documents	ients are voluminous attach a sun	nmary
8 DATE-STAMPED COPY To receive an acknowledgment of the filing proof of claim	of your claim enclose a stamped	self-addressed envelope and copy of this
The original of this completed proof of claim form must be sent by m ACCEPTED) so that it is actually received on or before 5 00 pm, prev	ailing Pacific time, on Novembe	r 13, 2006 USE ONLY
for each person or entity (including individuals, partnerships, corpor	rations, joint ventures, trusts an	d
BY MAIL TO BY HA	AND OR OVERNIGHT DELIVERY TO Group	
Attn USACM Claims Docketing Center Attn	USACM Claims Docketing Center	
El Segundo CA 90245 0911 El Se	East Franklin Avenue gundo CA 90245	FII FR
DATE SIGN and print the name and title if any of the credit this claim (attach, copy of power of attorney if a	tor or other person authorized to file	FILED DEC 1 3 2006
129/06 Dolars Jarson Do	in hum	USA CMC
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for u	in to 5 years or both 1841 S.C. S.S.1	
To the processing indudation did into or up to good out implication for the	ARCON SC SS 1	1072501772

Dolores LARGON OARY LARSON \$5 152 AND 3571